

ISSUE SLIP STAPLE AREA (for additional cross references)

INITIALS	ID NO.	DATE
FFD DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	TAP	11/16
RESPONSE FORMALITY REVIEW		10-5-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10-6-01